



NATURAL RESOURCES & ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION FOR AIR QUALITY

ASBESTOS ABATEMENT ORIENTATION SESSION

COURSE REGISTRATION FORM

PLEASE TYPE OR PRINT CLEARLY

Name and Title of Applicant: _____

Social Security #: _____

Employer: _____

Business Address: _____

Business Telephone: _____

Date of Orientation Course for which Registration is being made (see dates below):

1st Choice _____ 2nd _____ 3rd _____

Course Dates - 2003

January 9	May 15	September 25
February 6	June 19	October 30
March 13	July 24	December 4
April 17	August 21	

2002 – October 31 & December 5

DAQ-approved prerequisite training course information:

Course Title: _____

Presented by: _____

Dates Attended: _____

Signature of Applicant: _____ Date: _____

RETURN COMPLETE FORM TO:

Special Programs Branch
Attention: Henry Lyon
Division for Air Quality
803 Schenkel Lane
Frankfort, Kentucky 40601
Telephone: (502) 573-3382
FAX: (502) 573-3787
E-mail: henry.lyon@mail.state.ky.us